

GOODS IN TRANSIT PROPOSAL FORM

IMPORTANT: This proposal forms the basis of the Insurance contract between the Insured and the Insurer once completed by the Insured and accepted by the Insurer. Making a false statement or withholding any material fact may give the Insurer the right to repudiate any claim made under the policy or may result in the policy being declared null and void from inception, a material fact is any fact which influences the acceptance of the risk or conditions and premiums on which it is accepted. This proposal must therefore be fully/accurately completed and signed by the proposer.

COVER REQUIRED: ALL RISKS / FIRE, COLLISION, OVERTURNING

Inception Date: _____

Brokerage: _____

1. CLIENT DETAILS

Company Name: _____

Trading As: _____

Company Reg: _____

Date Established: _____

Vat No: _____

Business Address: _____

Contact Person: _____

ID Number: _____

Cell Number: _____

Tel Number: _____

Email Address: _____

2. INSURANCE HISTORY

2.1 Traded under different name: Yes _____ No _____ Please Specify: _____

2.2 Affiliated with other companies: Yes _____ No _____ Please Specify: _____

2.3 Currently insured: Yes _____ No _____ Name of Insurer: _____

2.4 Previously had this cover: Yes _____ No _____ Name of Insurer: _____

Has an insurer at any time (if selected yes, please provide the reason):

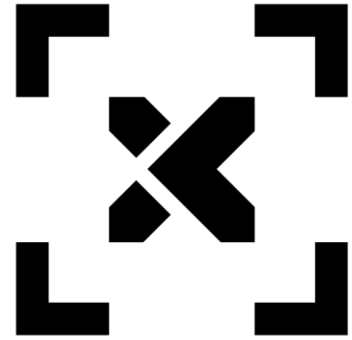
2.5 Declined insurance: Yes _____ No _____ Reason: _____

2.6 Imposed special terms: Yes _____ No _____ Reason: _____

2.7 Refused to renew policy: Yes _____ No _____ Reason: _____

2.8 Cancelled cover: Yes _____ No _____ Reason: _____

2.9 Repudiated a claim: Yes _____ No _____ Reason: _____



XLTRANSIT

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GUARDRISK
TAILORED RISK SOLUTIONS

3. GIT CLAIMS HISTORY (INCLUDING LOSSES THAT MAY NOT HAVE BEEN DIRECTLY CLAIMED VIA YOUR INSURANCE POLICY)

If you have incurred any GIT claims within the last 3 years, please attach the verified loss history from your previous insurers. If you have not incurred any claims, please confirm this in the space provided below (kindly note that the wording "n/a" will not be accepted):

4. DRIVER DETAILS AND COMPANY RECRUITMENT PROCEDURE

- 4.1 Specific driver per vehicle: Yes _____ No _____
- 4.2 Are driver documents kept on record and verified with authorities: Yes _____ No _____
- 4.3 Do all drivers have valid PRDPs (if applicable): Yes _____ No _____
- 4.4 Previous employment history and reference checks conducted on drivers: Yes _____ No _____
- 4.5 Criminal background checks conducted on drivers: Yes _____ No _____
- 4.6 Foreign nationals employed as drivers: Yes _____ No _____
- 4.7 Do foreign nationals have the equivalent of our PRDP as required by the National Road Traffic Act (if applicable): Yes _____ No _____
- 4.8 Please confirm nationalities and percentage of foreign drivers below:
- _____ % : _____

5. HIJACKING PROCEDURE

Please provide a full explanation of detailed procedure of hijacking response plan (for example ; do you ensure SAPS are notified immediately, do you ensure the required incident response centre is notified as soon as reasonably possible , do you ensure your tracking company is immediately alerted) :

6. RISK INFORMATION

- 6.1 Are all vehicles fitted with a tracking device? (Please specify type) _____
- 6.2 Is the tracking device an early warning system? (Yes or No) _____
- 6.3 Do the drivers travel between the hours of 11pm and 5am (Yes or No) _____
- 6.4 How often do drivers rest? _____
- 6.5 Where do they stop? _____
- 6.6 What controls are used to ensure safe overnight stops? _____

7. TERRITORIAL LIMITS

- 7.1 Within RSA (please specify provinces): _____
- 7.2 Cross border (please specify countries): _____
- _____

7.3 Radius of operation: Short hauls (max 150km) _____ % Long hauls _____ %

8. COMMODITIES CARRIED

Commodity type:

Percentage of total:

_____	_____
_____	_____
_____	_____

9. LOAD LIMIT

Maximum required limit: R _____ Average value per load: R _____

10. SIDE TANK DIESEL SPILL COVER (SELECT IF REQUIRED)

Cover limited to R150 000.00 per incident, cover includes clean up, rehabilitation and contamination.

Yes _____ No _____

11. VEHICLE DETAILS

11.1 How many vehicles in your fleet requiring insurance on loads are:

Truck / Tractor _____ Rigid _____ LDV _____ Trailer _____ Cooler Trailer _____

11.2 How many of your rigids / trailers are:

Fully enclosed _____ Semi enclosed _____ Open backed _____

11.3 Fleet list (if more than 10 carriers please attach fleet list):

VEHICLE DESCRIPTION	YEAR MODEL	REGISTRATION NUMBER	LOAD LIMIT IN RANCS

XLT ENVIRO PROPOSAL FORM

(TO BE COMPLETED ONLY WHERE THIS COVER IS REQUIRED)

1. EMERGENCY RESPONSE SPILL PLAN

1.1 Please provide full explanation of detailed procedure of emergency response spill plan:

1.2 Which company completed the Hazchem programme? _____

1.3 When was it completed? _____

1.4 Is training done on a continuous basis? _____

2. LIMIT OF INDEMNITY

Limit required (R1 – R30 million): _____ Number of vehicles requiring cover _____

3. COMMODITIES CARRIED

Please provide un numbers as well as copies of material safety data sheet:

NAME / COMMODITY TYPE	UN NUMBER	DANGEROUS GOODS CLASS	PERCENTAGE TRANSPORTED

Please specify any non UN listed commodities carried: _____

4. METHOD OF TRANSPORT

Please select how the cargo is transported:

Bulk _____ Raw material _____ Containerised _____
Drums _____ Tankers _____ Other _____

5. SPILLAGE CLAIMS HISTORY

If you have incurred any claims relating to spillage and clean up within the last 3 years, please attach the verified loss history from your previous insurers. If you have not incurred any claims, please confirm this in the space provided below (kindly note that the wording “n/a” will not be accepted):

IMPORTANT

Please note that the quote and cover to be provided will be subject to drivers having the appropriate licence, and adherence to legislation regarding the transportation of hazardous goods.

DECLARATION OF PROPOSER

I hereby declare that all statements made herein are true and correct and that there are no other material facts regarding the risk that should be disclosed. I further agree that is any statement or particulars herein supplied by any person other than myself, that the person shall be deemed to have been acting as my agent for the purpose of this proposal. I am also not aware of any claims against my other than those mentioned above.

I hereby confirm that I will advise insurers timeously of any changes to the information supplied in this proposal, which includes (however not limited to): clients personal details, contact information, affiliations to other entities, trading name, driver recruitment procedure and risk information. Failure to do so will result in insurers deeming the information supplied in this proposal to be true and accurate.

If the insurer is not notified of a relationship between the insured and any other persons/entities, in the event of a claim where the liability for the load and/or the indemnification rests with any person/entity other than the policyholder, the policy will not extend to include such entities and therefore no cover will be in place.

Any untrue or incorrect statement in this proposal will result in

- i. The policy being null and void from inception.
- ii. The forfeiture of the premium and return of all sums of money paid by the Insurer.

Please note: our policy requires

- i. All drivers to be fully licensed.
- ii. All vehicles to be road worthy in terms of the road traffic act no 93 of 1966 (as amended).

Signed this _____ day of _____ 20 _____

Name: _____ Designation: _____

Place: _____ Signature: _____

Please note that this proposal does not bind the underwriters in any way, unless the inception is confirmed in writing from the underwriters.

DEBIT ORDER AUTHORITY FORM

A. Authority

Given by (name of account holder) _____

Address _____

Bank _____

Branch and Code _____

Account Number _____

Type of Account _____ Current (cheque) / Savings / Transmission

Amount _____



Monthly Debit Date (any date between 1st to 15th) _____

To (name of beneficiary) _____

Abbreviated Name as Registered with the Bank _____

Beneficiary's Address _____

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement")

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued and delivered as follows: monthly, bi-monthly, three monthly, six monthly, annually, weekly, bi-weekly (delete that which is not applicable)

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

Payment instructions due in December may be debited against my account on _____.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand the details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

C. Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

D. Assignment

I/WE acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____

(Signature as used for operating on the account)